3.2: Prior to Vaccination

Health professionals are trusted sources of information and their recommendations for vaccination go a long way in motivating clients to get vaccinated. Based on age and risk factors, health professionals should consider which vaccines are required for an individual and a family. To obtain informed consent for vaccination, the individual should know about the disease that the vaccine will prevent and the side effects, benefits, and risks of vaccinating. The health professional should notify the patient before the vaccination visit and share materials about vaccine-preventable diseases (VPD) wherever possible. For example, expecting parents can start the conversation about a vaccination series for their infant in the pre-natal period.
On the Day of Vaccination

Begin the visit asking if the client has any questions about the vaccine. Use a presumptive statement, meaning assume the client is ready to vaccinate. This approach is recommended because it normalizes vaccines as an everyday occurrence that is recommended by the healthcare provider rather than an uncommon, fearful event. For example, “Today you will get your vaccine to protect against tetanus.” Clients may respond with hesitancy if they sense the health professional is unsure or not confident about immunization. The best way to convey confidence is by being a knowledgeable provider.

See Table 3.1 about steps and considerations involved in the pre-vaccination checklist. For further information about effective communication strategies, visit Chapter 5 on Vaccine Hesitancy.

Table 3.1: Pre-Immunization Checklist

<table>
<thead>
<tr>
<th>Steps</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess the client’s current health status.</td>
<td>• Is the client pregnant?</td>
</tr>
<tr>
<td></td>
<td>• Is the client immunocompromised or immunosuppressed? Does the client have any acute or chronic immunocompromising conditions including HIV?</td>
</tr>
<tr>
<td></td>
<td>• Is there a (suspected) family history of congenital immunodeficiency disorder? (e.g., has the child had failure to thrive and recurrent serious infections?)</td>
</tr>
<tr>
<td></td>
<td>• Has the client taken any immunosuppressants, including corticosteroids, in the past 3 months or during a current pregnancy?</td>
</tr>
<tr>
<td></td>
<td>• Has the client received any blood transfusions or blood products in the last year?</td>
</tr>
<tr>
<td>Discuss benefits and risks of receiving or not receiving the vaccine.</td>
<td>• Has information been provided regarding administration of the vaccine?</td>
</tr>
<tr>
<td></td>
<td>• Have all questions about benefits and risks been answered completely?</td>
</tr>
</tbody>
</table>
Assess for contraindications and precautions.

- Does the client have a history of anaphylactic reaction to vaccines or a component of a vaccine?
- Does the client have severe asthma?
- Does the client have congenital malformation of the GI tract or history of intussusception (for rotavirus vaccine)?
- Has the client had Guillain-Barré syndrome with an onset within 6 weeks of immunization?
- Is the client immunocompromised?
- Is the client pregnant?
- Does the client have active, untreated tuberculosis?

Note: Health professionals need to inform themselves of contraindications for each vaccine respectively. Also assess for client’s health status including age, comorbid conditions, risk factors and travel plans.

Evaluate reactions to previous vaccines.

- Has the client ever had a serious reaction (anaphylactic reaction) after receiving a vaccine or is the client aware of any allergies to components of the vaccine (e.g., gelatin, neomycin, thimerosol) or to latex?

Discuss frequently occurring minor adverse events and potential rare severe adverse events.

- Have you talked to your client about what to do if they experience an adverse event?
- Are you able to identify types of adverse events (e.g., injection site, systemic, allergic, neurological, and other reactions) that require reporting?
- Have you familiarized yourself with the most likely timing of these events?
A common misconception among health professionals is that vaccination should be postponed in the event of minor or moderate acute illness such as upper respiratory tract infections, otitis media, and mild gastrointestinal illness, or in persons on antibiotic therapy. Generally, clients experiencing mild to moderate acute illness (even with fever) can be vaccinated. The health professional should use their clinical judgment to assess the risk, benefits, and health profile of the client when making a decision to delay vaccination.

An interactive or media element has been excluded from this version of the text. You can view it online here:
https://ecampusontario.pressbooks.pub/immunizations/?p=113

### Informed Consent

Health professionals should **obtain consent** from the client or the Substitute Decision Maker (SDM) prior to vaccinating. Consent must be informed, voluntary, related to the treatment being proposed, and not obtained through misrepresentation or fraud (College of Nurses of Ontario, 2017). Health professionals should consult their respective regulatory association for further information and guidelines on obtaining consent.

### Preparation

Health professionals should ensure the client has met the criteria to vaccinate and screen for any contraindications, potential drug interactions, or precautions (see Chapter 4 on Vaccine Safety). **Table 3.2** details criteria the health professional should actively verify prior to immunization. Remind the client that they will need to remain at the healthcare facility for a **minimum of 15 minutes after receiving the vaccine** in order for potential side effects to be monitored.

**Table 3.2:** Health Professional Criteria Before Vaccine Administration

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Ask yourself</th>
</tr>
</thead>
<tbody>
<tr>
<td>The right client, informed consent, and</td>
<td>• Have I confirmed the client’s name and date of birth (DOB)?</td>
</tr>
<tr>
<td>contraindications</td>
<td>• In the case of a substitute decision maker (SDM), have I learned</td>
</tr>
<tr>
<td></td>
<td>their relationship to the client?</td>
</tr>
<tr>
<td></td>
<td>• Is it appropriate for the SDM to provide consent?</td>
</tr>
<tr>
<td></td>
<td>• Why am I giving this vaccine?</td>
</tr>
<tr>
<td></td>
<td>• What is the client’s immunization history?</td>
</tr>
<tr>
<td></td>
<td>• Have I ensured the client meets the criteria?</td>
</tr>
<tr>
<td></td>
<td>• Have I verified contraindications, drug interactions, and precautions?</td>
</tr>
<tr>
<td></td>
<td>• Have I asked about history of allergy and anaphylaxis?</td>
</tr>
</tbody>
</table>
| The right age                                      | • How old is the client and when *should* they receive the vaccine?  
|                                                  | • Have I followed the vaccine schedule?  
|                                                  | • Am I giving the right vaccine?  
|                                                  | • Does the vaccine need to be reconstituted?  
| If reconstituting:                               |                                                  
| The right vaccine or diluent                     | • Am I using the right diluent provided by the manufacturer?  
|                                                  | • Has the vaccine been appropriately reconstituted/mixed?  
|                                                  | • If applicable, have I achieved a uniform suspension?  
|                                                  | • Have I maintained asepsis when reconstituting and drawing the vaccine into the syringe?  
| The right dose                                   | • Do I know the client’s weight?  
|                                                  | • Is the dosage appropriate for the client?  
| The right interval                               | • Have I checked the client’s vaccination history?  
|                                                  | • Do I know when they last received a live-attenuated vaccine?  
| The right route, needle length, and technique    | • Do I know the client’s age?  
|                                                  | • Have I selected the proper needle length and gauge?  
|                                                  | • Have I verified the right route for administration?  
|                                                  | • Does the client have significant nasal congestion if administering intranasal vaccine?  
| The right site                                   | • Have I considered the client’s preference?  
|                                                  | • Have I assessed the client’s injection site for appropriateness?  

The right time

- Is now the best time to give the vaccine?
- Can I reduce the number of visits for the client?
- Is the client eligible for a vaccine given their current health status?
- Can I use this opportunity to update the client’s immunization status?

The right storage

- Have I verified the identification label of the vial?
- Have I checked that the vaccine was stored properly?
- Have I checked the expiry date?
- Have I checked the lot number?
- Is the vaccine in the original packaging?
- Does the vial have any irregularities, damage, or noticeable contamination?

The right comfort

- Have I properly ensured comfort for the client?
- Have I given the client and/or caregiver instructions to reduce pain and/or anxiety?
- Have I assessed for anxiety and/or concern?

The right documentation

- Have I properly documented the vaccination, site, lot number, and expiry date?
- Did I give the client a copy of the vaccination for their own records?
- Did I notify the client about watching for side effects and who to notify if they have any?